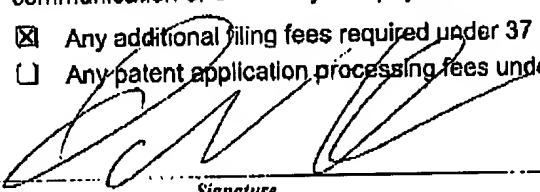


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): WON-SUNG CHOI			YPL-0014
Serial No.	Filing Date	Examiner	Group Art Unit
09/726,977	November 30, 2000	Kackar, Ram N.	1763
Invention: THIN FILM DEPOSITION APPARATUS FOR SEMICONDUCTOR			
FAX RECEIVED MAY 23 2003 GROUP 1700			
I hereby certify that this <u>AMENDMENT</u> (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>1-703-872-9311</u>)			
on <u>MAY 22, 2003</u> (Date)			
<u>NIDIA M. DERAS</u> (Typed or Printed Name of Person Signing Certificate)			
<u>Nidia M. Deras</u> (Signature)			
Note: Each paper must have its own certificate of mailing.			

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AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. YPL-0014	
Applicant(s): WON-SUNG CHOI		Serial No. 09/726,977		Filing Date November 30, 2000	
Examiner Kackar, Ram N.		Group Art Unit 1763		Invention: THIN FILM DEPOSITION APPARATUS FOR SEMICONDUCTOR	
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	14 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
Signature 			Dated: MAY 22, 2003		
DAVID A. FOX REGISTRATION 38,807 CUSTOMER NO. 23413 (860) 286-2929			I certify that this document and fee is being deposited on 5/22/03 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
CC:					
			Signature of Person Mailing Correspondence		
			VIA FACSIMILE		
			Typed or Printed Name of Person Mailing Correspondence		